	State of Rhode Island and Providence Plantations Department of State - Business Services Division					
(G)	Department of State - Business	Services	Division			

Annual Report for the year: 2017
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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. Entity ID Number 2. Exact name of the Limited Liability Company 1665768 Magicman Handyman, LLC								
1665768	Magicm	ian Hand	yman, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
236118	Provide handyman services, repair services, remodeling services and general							
5. State of Formation	contracting services, and transact any/all lawful business for which the limited liability							
RHODE ISLAND company may be organized under the laws of the State of Rhode Island.								
6. Principal Office Address	. <u>. </u>		City	State	Zip			
PO Box 1041			East Greenwich	RI	02818			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Johnathan C. Ha	ansen		Contact Title President					
Street Address 35 Duke Street, Apt 1B			City East Greenwich	State RI	^{Zip} 02818			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name			Manager Name					
Street Address	***		Street Address					
City	State	Zip	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
	·		(Check the box to it	ndicate an attachment			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.								
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.								
Name of Authorized Person Date								
Johnathan C. Hansen				11/6	<u> </u>			
Signature of Authorized Person SIGN DOCUMENT HERE								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 632 - Revised: 08/2017